

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																																																																							
1 Date of Request: <u>3/23/05</u>		2 Serial/Patent # <u>10/520465</u>																																																																																																					
3 Please refund the following fee(s): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;">Filing <u>Fee Change</u></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Amendment</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Extension of Time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Notice of Appeal/Appeal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Petition</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Issue</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Cert of Correction/Terminal Disc.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Maintenance</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Assignment</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Other</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>									<input type="checkbox"/>	Amendment									<input type="checkbox"/>	Extension of Time									<input type="checkbox"/>	Notice of Appeal/Appeal									<input type="checkbox"/>	Petition									<input type="checkbox"/>	Issue									<input type="checkbox"/>	Cert of Correction/Terminal Disc.									<input type="checkbox"/>	Maintenance									<input type="checkbox"/>	Assignment									<input type="checkbox"/>	Other									4 PAPER NUMBER	5 DATE FILED	6 AMOUNT \$ <u>100.00</u>
<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>																																																																																																						
<input type="checkbox"/>	Amendment																																																																																																						
<input type="checkbox"/>	Extension of Time																																																																																																						
<input type="checkbox"/>	Notice of Appeal/Appeal																																																																																																						
<input type="checkbox"/>	Petition																																																																																																						
<input type="checkbox"/>	Issue																																																																																																						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.																																																																																																						
<input type="checkbox"/>	Maintenance																																																																																																						
<input type="checkbox"/>	Assignment																																																																																																						
<input type="checkbox"/>	Other																																																																																																						
7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>																																																																																																					
8 TO BE REFUNDED BY: <u>cc</u>		<input checked="" type="checkbox"/> Treasury Check																																																																																																					
9 <input checked="" type="checkbox"/> Credit Deposit A/C #:		<u>19--4880</u>																																																																																																					
10 REASON:																																																																																																							
<input checked="" type="checkbox"/>	Overpayment																																																																																																						
<input type="checkbox"/>	Duplicate Payment																																																																																																						
<input type="checkbox"/>	No Fee Due (Explanation):																																																																																																						
11 REFUND REQUESTED BY:																																																																																																							
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Manager</u>																																																																																																					
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext. 231</u>																																																																																																					
OFFICE: <u>DO/EO</u>																																																																																																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																																																																							
APPROVED: _____		DATE: _____																																																																																																					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: